

Your 2018 UMP Classic summary

For Medicare retirees



www.hca.wa.gov/ump

Medical benefits

UMP Customer Service

1-888-849-3681

TRS: 711

Prescription drug benefits

WA State Rx Services

1-888-361-1611

TRS: 711



| Services ¹ | What you pay preferred providers ² | What you should know |
|---|--|---|
| Ambulance | 20% | |
| Chemical dependency treatment | Inpatient copay ³ Outpatient/professional: 15% | Inpatient services must be preauthorized by the plan. |
| Chiropractic treatment | 15% | Limited to 10 spinal and extremity manipulation visits per calendar year. |
| Diagnostic tests, laboratory, and x-rays | 15% | Some services may require preauthorization. |
| Durable medical equipment, supplies, and prostheses | 15% | Foot orthotics covered only for prevention of complications associated with diabetes. Some supplies require preauthorization. |
| Emergency room | 15% after \$75 copay | Professional charges are usually billed separately. Copay waived if admitted directly to a hospital or facility on an inpatient basis. |
| Hearing aids | Plan pays up to \$800 every 3 calendar years. | Not subject to the deductible. |
| Hearing exams (routine) | 0% | Not subject to the deductible. |
| Home health care | 15% | See the <i>UMP Classic 2018 Certificate of Coverage</i> for services covered. |
| Hospice care | 0% (subject to medical deductible) | Hospice care covered for terminally ill members for up to six months. Respite care covered at 100% up to 14 visits per lifetime. End-of-life counseling covered in full in conjunction with hospice up to 30 visits. Respite care covered at 100% up to 14 visits per lifetime. End-of-life counseling covered in full in conjunction with hospice. |
| Hospital services | Inpatient copay ³ Outpatient/professional: 15% | Some hospital services may require preauthorization. |
| Mammograms | 0% for preventive screening 15% for diagnostic screening | Screening mammograms for women age 40 and older. See “Mammograms” in the <i>UMP Classic 2018 Certificate of Coverage (COC)</i> for coverage details. See “Breast health screening tests” for supplementary tests covered. |
| Massage therapy | 15% | Limited to 16 visits per calendar year. Out-of-network massage therapists are not covered. |
| Mental health treatment | Inpatient/residential copay ³ Outpatient/professional: 15% | |
| Naturopathic physician services | 15% | |
| Office visits | 15% | |
| Prescription drugs | No deductible: Preventive 0%, Value Tier: 5%, Tier 1: 10% Subject to prescription drug deductible: Tier 2: 30%, Tier 3: 50% | Prescription cost-limit per 30-day supply at network pharmacies: Value Tier = \$10; Tier 1 = \$25; Tier 2 = \$75; Tier 3 = \$150 for specialty drugs only. |
| Preventive care and immunizations | 0% | Preventive care and immunizations are not subject to the deductible. |
| Skilled nursing facility | Inpatient copay ³ Professional: 15% | Limited to 150 days per calendar year. |
| Therapy: physical, neurodevelopmental, occupational, and speech | Inpatient copay ³ Outpatient/professional: 15% | Inpatient: 60 days maximum per calendar year. Outpatient: 60 visits maximum per calendar year. |
| Tobacco cessation | 0% | Not subject to the deductible; see limitations to types of drugs and nicotine replacement therapy covered in the <i>UMP Classic 2018 Certificate of Coverage</i> . |
| Vision care exam (routine) | 0% | Not subject to the deductible, one visit per calendar year. \$65 annual maximum on contact lens fitting fees; you pay any amount over that. |
| Vision hardware, adult (over age 18) | Plan pays up to \$150 every 2 calendar years. | Not subject to the deductible. |
| Vision hardware, children (age 18 and under) | Eyeglasses (frames and lenses): 0% Contact lenses: 15% | One standard or deluxe frame with lenses per year. No limit for contact lenses. |

¹Percentages shown apply to the allowed amount, which is the fee accepted as payment in full by preferred providers.

²After UMP coordinates with Medicare, in most cases you will pay nothing.

³Inpatient copay: \$200 per day up to \$600 per person per admission for facility charges. Professional services may be billed separately.

Highlights of UMP Classic for Medicare retirees

Deductibles

- **Medical:** You pay the first \$250 of medical services per person (up to \$750 for a family of three or more). You don't pay the medical deductible before receiving certain services; see the table on the previous page. Unless stated otherwise, the medical deductible applies to all medical services. Not all services count toward the medical deductible.
- **Prescription drugs:** You pay the first \$100 for Tier 2 or Tier 3 (brand-name) drugs. You don't pay any deductible for Value Tier or Tier 1 drugs. The maximum prescription drug deductible for a family of three or more is \$300.

Copays

- **Emergency room copay:** \$75 per visit at preferred facilities. If you're admitted as an inpatient directly from the ER to the hospital, this copay is waived.
- **Inpatient copay:** \$200 per day, \$600 maximum per admission for facility charges at a preferred facility (hospitals or a skilled nursing, mental health, or chemical dependency facility). Professional services (such as physicians and lab tests) are usually billed separately.

Prescription drugs

- There is a separate prescription drug deductible for Tier 2 and Tier 3 (brand-name) drugs. See the deductible section on this page for more information.
- You pay coinsurance based on the drug's tier level; see the table on the previous page for details.

Out-of-pocket limits

- **Medical:** \$2,500 per person, \$5,000 for families of three or more
- **Prescription drug:** \$2,000, no family maximum

| 2018 monthly premiums for Medicare retirees | |
|---|-------------|
| | UMP Classic |
| Subscriber only | \$334 |
| Subscriber + spouse* (1 eligible) | \$986 |
| Subscriber + spouse* (2 eligible) | \$662 |
| Subscriber + children (2 eligible) | \$662 |
| Subscriber + child(ren) (1 eligible) | \$823 |
| Full family (1 eligible) | \$1,476 |
| Full family (2 eligible) | \$1,152 |
| Full family (3 eligible) | \$991 |

*Or state-registered domestic partner

This material reflects information available at the time of its printing. The contents are subject to change in response to further state or federal guidance regarding health care reform requirements.

This is a brief summary of benefits; it is not a certificate of coverage. All benefits must be medically necessary. Please refer to the *UMP Classic 2018 Certificate of Coverage* for a complete list of benefits, limitations, and exclusions.

